2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 19, 2007 08:00 A Secretary of State DOCUMENT # P97000096251 1. Entity Name A TO Z METAL FABRICATION, INC. Principal Place of Business Mailing Address 1510 SOUTH DIXIE HIGHWAY 1510 SOUTH DIXIE HIGHWAY HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suito, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 65-0831025 City & State City & State Applied For Not Applicable Zıp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 29410 ZULIM, MARIA 1739 JACKSON ST Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33020 Zip Code 336 シウ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. 3-14-07 Signature, typed or printed name of ingistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PVST TITLE Dclele THEF Change ☐ Addition U00000672562 03/28/07-80074-009 150.00 ZULIM, TONY NAME NAME 1510 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CUY-ST-7IP CITY-ST-ZIP n TITLE ☐ Delete HHE Change Addition ZULIM, MARIA NAME NAME 1510 SOUTH DIXIE HIGHWAY STREET ADDRESS STREET LADDRESS HOLLYWOOD FL 33020 CITY-ST-ZIP CHY-ST-7P ше Delete HILE , 🔲 Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP TITLE ☐ Dolele THIC Change Addition NAME NAME STREET ADDRESS STRUET ADDRESS CITY - ST-ZIP CITY-ST-ZIP HUE Delete ши ☐ Addition ☐ Change NAME NAMI' STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP III Delete ШŒ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

FILED

SIGNATURE: 1504 July SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Desprine Phone #

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.